

10/528496

JC05 Rec'd PCT/PTO 18 MAR 2005

## Application Data Sheet

### Application Information

**Application number:** Not yet assigned  
**Filing Date:** Herewith  
**Application Type:** Regular  
**Subject Matter:** Utility  
**Suggested Classification:**  
**Suggested Group Art Unit:**  
**CD-ROM or CD-R:** None  
**Number of CD Disks:**  
**Number of copies of CDs:**  
**Sequence Submission?**  
**Computer Readable Form (CRF)?**  
**Number of Copies of CFR:**  
**Title:** COMPSTATIN ANALOGS WITH IMPROVED ACTIVITY  
**Attorney Docket Number:** UPN-4470  
**Request for Early Publication:** No  
**Request for Non-Publication:** No  
**Suggested Drawing Figure:** 1  
**Total Drawing Sheets:** 4  
**Small Entity?:** No  
**Latin name:**  
**Variety denomination name:**  
**Petition included?:** No  
**Petition Type:**  
**Licensed US Govt. Agency:**  
**Contract or Grant Numbers:**  
**Secrecy Order in Parent Appl.?:** No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** John  
**Middle Name:** D.  
**Family Name:** Lambris  
**Name Suffix:**  
**City of Residence:** Bryn Mawr  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 36 Haymarket Lane  
**City of mailing address:** Bryn Mawr  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19010

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:**  
**Given Name:**  
**Middle Name:**  
**Family Name:**  
**Name Suffix:**  
**City of Residence:**  
**State or Province of Residence:**  
**Country of Residence:** United States of America  
**Street of mailing address:**  
**City of mailing address:**  
**State or Province of mailing address:**  
**Country of mailing address:**  
**Postal or Zip Code of mailing address:**

## **Correspondence Information**

**Correspondence Customer No.:** 23377

**Name:**

**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing**

**Address:**

**Phone number:**

**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## **Domestic Priority Information**

<b>Application:</b> this application	<b>Continuity Type:</b> An application claiming the benefit under 35 USC 119(e)	<b>Parent Application:</b> 60/412,220	<b>Parent Filing Date:</b> September 20, 2002
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## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## **Assignee Information**

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**